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|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application No. | 10/608,316 | |
| | Filing Date | June 26, 2003 | |
| | First Named Inventor | Hong Wang | |
| | Art Unit | 2181 | |
| | Examiner Name | William M. Treat | |
| Total Number of Pages in This Submission | 18 | Attorney Docket Number | 42P16547 |

| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | 9/28/06 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|--|------|------------|
| I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office. | | | |
| Typed or printed name | Annie McNally | | |
| Signature |  | Date | 09/28/2006 |

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 1/30/2005.
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SEP 28 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

| | |
|----------------------|------------------|
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| Filing Date | June 26, 2003 |
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| Examiner Name | William M. Treat |
| Art Unit | 2181 |
| Attorney Docket No. | 42PI6547 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 30 | 30 | 0 | 50.00 |
| Independent Claims | 5 | 0 | 50.00 |
| Multiple Dependent | | | |

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|---|
| Fee Code | Fee Code | |
| 1202 50 | 2202 25 | Claims in excess of 20 |
| 1201 200 | 2201 100 | Independent claims in excess of 3 |
| 1203 360 | 2203 180 | Multiple Dependent claim, if not paid |
| 1204 790 | 2204 395 | **Release independent claims over original patent |
| 1205 300 | 2205 150 | **Release claims in excess of 20 and over original patent |
| SUBTOTAL (1) | | (\$) |

**or number previously paid, if greater. For Releases, see below

2. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|--|
| Fee Code | Fee Code | |
| 1061 130 | 2061 68 | Surcharge - late filing fee or oath |
| 1062 50 | 2062 25 | Surcharge - late provisional filing fee or cover sheet |
| 2053 130 | 2053 130 | Non-English specification |
| 1251 120 | 2251 60 | Extension for reply within first month |
| 1252 450 | 2252 225 | Extension for reply within second month |
| 1253 1,020 | 2253 510 | Extension for reply within third month |
| 1254 1,580 | 2254 785 | Extension for reply within fourth month |
| 1255 2,160 | 2255 1,080 | Extension for reply within fifth month |
| 1401 500 | 2401 250 | Notice of Appeal |
| 1402 500 | 2402 250 | Filing a brief in support of an appeal |
| 1403 1,000 | 2403 500 | Request for oral hearing |
| 1451 1,510 | 2451 1,510 | Petition to institute a public use proceeding |
| 1460 130 | 2460 130 | Petitions to the Commissioner |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(a) |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt |
| 1808 790 | 1808 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 1810 790 | 2810 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |
| SUBTOTAL (2) | | (\$) |

Other fee (specify)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|-----------------------------------|---------|-----------|----------------|
| Name (Print/Type) | Jonathan S. Miller | Registration No. (Attorney/Agent) | 48,534 | Telephone | (310) 207-3800 |
| Signature |  | Date | 9/28/06 | | |

Based on PTO/5517 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).

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under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | Base Claims | Fee from below | Fee Paid |
|--------------------|--------------|---|----------|
| 30 | 0 | 50.00 | \$0.00 |
| 5 | 0 | 200.00 | \$0.00 |
| Multiple Dependent | | | |
| Large Entity | Small Entity | | |
| Fee Code | Fee Code | Fee Description | |
| 1202 50 | 2202 25 | Claims in excess of 20 | |
| 1201 200 | 2201 100 | Independent claims in excess of 3 | |
| 1203 380 | 2203 180 | Multiple Dependent claim, if not paid | |
| 1204 790 | 2204 395 | **Release independent claims over original patent | |
| 1205 300 | 2205 180 | **Release claims in excess of 20 and over original patent | |
| SUBTOTAL (1) | | (\$) | 0.00 |

**or number previously paid, if greater, For Releases, see below

2. ADDITIONAL FEES

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|--------------|--------------|--|----------|
| Fee Code | Fee Code | | |
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1052 60 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
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| SUBTOTAL (2) | | (\$) | |

Other fee (specify)

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|-------------------|---|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Jonathan S. Miller | Registration No. (Attorney/Agent) | 48,534 | Telephone | (310) 207-3800 |
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Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004)

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